

JAN 18 2011

SEND
COMPLETED
FORM TO:
The Appropriate
State or Regional
Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

RECEIVED



| | | | |
|---|---|--|--|
| <p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p> | <p>Reason for Submittal:</p> <p><input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p> | | |
| <p>2. Site EPA ID Number</p> | <p>EPA ID Number <u>IAIR 000 515 262</u></p> | | |
| <p>3. Site Name</p> | <p>Name: <u>Aspen Dental</u></p> | | |
| <p>4. Site Location Information</p> | <p>Street Address: <u>3617 Denmark Dr., Ste 100</u></p> <p>City, Town, or Village: <u>Council Bluffs</u> County: _____</p> <p>State: <u>IA</u> Country: <u>USA</u> Zip Code: <u>51501</u></p> | | |
| <p>5. Site Land Type</p> | <p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> | | |
| <p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p> | <p>A. <u>62112110</u> C. _____</p> <p>B. _____ D. _____</p> | | |
| <p>7. Site Mailing Address</p> | <p>Street or P.O. Box: <u>281 Sanders Creek Pkwy.</u></p> <p>City, Town, or Village: <u>E. Syracuse</u></p> <p>State: <u>NY</u> Country: <u>USA</u> Zip Code: <u>13057</u></p> | | |
| <p>8. Site Contact Person</p> | <p>First Name: <u>Corrine</u> MI: <u>D.</u> Last: <u>Hingre</u></p> <p>Title: <u>Compliance Specialist</u></p> <p>Street or P.O. Box: <u>281 Sanders Creek Pkwy.</u></p> <p>City, Town or Village: <u>E. Syracuse</u></p> <p>State: <u>NY</u> Country: <u>USA</u> Zip Code: <u>13057</u></p> <p>Email: <u>Chingre@aspendental.com</u></p> <p>Phone: <u>315-454-6000</u> Ext.: <u>1458</u> Fax: <u>315-454-6001</u></p> | | |
| <p>9. Legal Owner and Operator of the Site</p> | <p>A. Name of Site's Legal Owner: <u>Kimco Realty Corp</u> Date Became Owner: <u>3/10/11</u></p> <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: <u>1111 Burlington Ave.</u></p> <p>City, Town, or Village: <u>Liste</u> Phone: <u>630-322-8642</u></p> <p>State: <u>IL</u> Country: <u>USA</u> Zip Code: <u>60532</u></p> <p>B. Name of Site's Operator: <u>Aspen Dental</u> Date Became Operator: <u>3/10/11</u></p> <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> | | |



10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☐ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☐

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☐

- e. United States Importer of Hazardous Waste

Y ☐ N ☐

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☐**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☐**3. Treater, Storer, or Disposer of****Hazardous Waste** Note: A hazardous waste permit is required for these activities.Y ☐ N ☐**4. Recycler of Hazardous Waste**Y ☐ N ☐**5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☐**6. Underground Injection Control**Y ☐ N ☐**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☐

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☐**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☐**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☐**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☐**3. Off-Specification Used Oil Burner**Y ☐ N ☐**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible][illegible]

EPA ID Number

OMB#: 2050-0024; Expires 11/30/2011

12. Notification of Hazardous Secondary Material (HSM) ActivityY ☐ N ☐ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

| Signature of legal owner, operator, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|---|--------------------------|
| Corrine Hingre | Corrine Hingre Compliance Specialist | 1/10/11 |
| | | |
| | | |

RCRAINFO data entered

by EST/6on JAN 18 20111/18/2011